Series				SES.			اب، 	- ·	09	12	231	85
_			* ———					TA	pplication	or D	ocket Num	ber
	PATENT A			FEE DETERMINATION RECORD					10359/457001			
Effective October 1, 2000 + PTO 868.												
		(Colu	nn 2)	_	AALL EI	YIITY	OR	OTHER				
TOTAL CLAIMS			34					RATE	FEE]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		84	asic fee	355.00	OR	Basic FEE	710.00
TOTAL CHARGEABLE CLAIMS			3 4 minus 20=		. 14 .			X\$ 9-	1 4	OR	X\$18=	252
INDEPENDENT CLAIMS			7 minus 3 =		4			X40=		ОЯ	X80=	320
MULTIPLE DEPENDENT CLAIM PR			RESENT			1135		405	1		+270=	340
* If the difference in column 1 is less than zero, enter "0" in column 2									 	OR		
* If the difference in column 1 is less than zero, enter U in column 2 TOTAL // OR TOTAL // OR TOTAL // OR TOTAL // OR TOTAL // OTHER THAN												
- 1	WB C	(Column 1)	MENUEU			(Column 3)	S	MALL	ENTITY	OR	SMALL	
4		CLAIMS REMAINING		HIGH	BEA	PRESENT		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
EN		AFTER AMENDMENT			FOR	EXTRA	L	HAIE	FEE		MAJE	FEE
AMENDMENT A	Total	·40	Minus	. /	34	- 6		X\$ 9=		OR	X\$18=	108
JAK!	Independent	. 8	Minus	••• .	7	=	Г	X40=		OR	X8 ₽ ₌	88
Ľ	FIRST PRESE	NTATION OF M	JLTIPLE DEF	LTIPLE DEPENDENT CLAIM				-135 -		OR	+270=	
								TOTAL			YOYAL	188
ADDIT, FEE JOH ADDIT,												uda
		CLAIMS REMAINING AFTER AMENDMENT	:0	HIGHEST NUMBER		PRESENT	Г		ADDI-			ADDI-
E				PREVI	FOR	EXTRA		RATE	TIONAL FEE		RATE	TIONAL
MENDMENT B	Total	. 40	Minus	L	0	1 h		X\$ 9=		OR	X\$18=	
NE SE	Independent	. 8	Minus	•••	8			X40≃		OR	X80=	
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							405			+270=	
					21	17/1	نار	135= 101AL		OR	+270E	
	•				01	1 110	AD	DIT. FEE		IOH	ADDIT. FEE	L
	maria marija ya wasa sa wa	(Column 1)		HIGH	EST	(Column 3)	-		A001			4001
TC		REMAINING AFTER		PREVI	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
AMENDMENT C	Total	AMENDMENT	Minus	PAID	U/)	2	lH		FEE		¥2.50	FEE
TENC.	Total Independent	- J	Minus		ZIV	-		X\$ 9=		OR	X\$18=	
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X40=		OR	X80⇒	
							1	135=		OR	+270=	
" If the entry in column 1 is less than the entry in column 2, write "O" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR ADDIT. FEE												
•••	ll the "Highest Nu The "Highest Nun	mber Previously Pa mber Previously Pa	aid for IN THI id For (Total o	IS SPACE I Independ	is less tha lent) is the	n 3, enter "3." Highest numb	_		propriate bo	x in co		